

B1 (Official Form 1)(1/08)

United States Bankruptcy Court Northern District of Illinois		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Anderson, Denise Yvonne		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-4582		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 17106 Longfellow Hazel Crest, IL <div style="text-align: right;">ZIP Code 60429</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>
County of Residence or of the Principal Place of Business: Cook		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): 4552 Heartland Drive Apt. 2W Richton Park, IL <div style="text-align: right;">ZIP Code 60471</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information *** Lorraine M. Greenberg ARDC No.: 03129023 *** <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000 </div>		
Estimated Assets <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion </div>		
Estimated Liabilities <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion </div>		

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Anderson, Denise Yvonne

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Lorraine M. Greenberg ARDC November 12, 2008

Signature of Attorney for Debtor(s)

(Date)

Lorraine M. Greenberg ARDC No.: 03129023

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Anderson, Denise Yvonne

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Denise Yvonne Anderson

Signature of Debtor **Denise Yvonne Anderson**

X _____

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

November 12, 2008

Date

Signature of Attorney*

X /s/ Lorraine M. Greenberg ARDC No.:

Signature of Attorney for Debtor(s)

Lorraine M. Greenberg ARDC No.: 03129023

Printed Name of Attorney for Debtor(s)

Lorraine M. Greenberg, P.C.

Firm Name

20 E. Jackson Blvd.

Suite 800

Chicago, IL 60604

Address

Email: lgreenberg@greenbergglaw.net

312-408-0007 Fax: 312-264-5620

Telephone Number

November 12, 2008

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

Official Form 1, Exhibit D (10/06)

United States Bankruptcy Court
Northern District of Illinois

In re Denise Yvonne Anderson

Debtor(s)

Case No. _____

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

Official Form 1, Exh. D (10/06) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Denise Yvonne Anderson
Denise Yvonne Anderson

Date: November 12, 2008

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court
Northern District of Illinois

In re **Denise Yvonne Anderson**,
Debtor

Case No. _____

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	6,395.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	35		105,918.57	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			1,938.51
J - Current Expenditures of Individual Debtor(s)	Yes	1			1,940.00
Total Number of Sheets of ALL Schedules		46			
Total Assets			6,395.00		
Total Liabilities				105,918.57	

United States Bankruptcy Court
Northern District of Illinois

In re **Denise Yvonne Anderson**,
Debtor

Case No. _____

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 16)	1,938.51
Average Expenses (from Schedule J, Line 18)	1,940.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	2,903.67

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		105,918.57
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		105,918.57

B6A (Official Form 6A) (12/07)

In re Denise Yvonne Anderson, Case No. _____
Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		cash on hand	-	145.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		savings account at NuMark Federal Credit Union	-	100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		household goods and furnishingslinens, dishes, pots & pans, housewares; tv; bedroom sets, dvd, curio cabinet,	-	2,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Barbie Doll Collection	-	1,000.00
		Coca Cola Collection	-	1,000.00
6. Wearing apparel.		necessary personal clothing; bible; textbooks; pictures	-	500.00
7. Furs and jewelry.		necklace, bracelet, earrings, rings	-	350.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		term life insurance policy	-	0.00
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **5,095.00**
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	401(k)		-	1,300.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total > **1,300.00**
(Total of this page)

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total >	0.00
(Total of this page)	
Total >	6,395.00

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (12/07)

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Cash on Hand			
cash on hand	735 ILCS 5/12-1001(b)	145.00	145.00
Checking, Savings, or Other Financial Accounts, Certificates of Deposit			
savings account at NuMark Federal Credit Union	735 ILCS 5/12-1001(b)	100.00	100.00
Household Goods and Furnishings			
household goods and furnishingslinens, dishes, pots & pans, housewares; tv; bedroom sets, dvd, curio cabinet,	735 ILCS 5/12-1001(b)	1,650.00	2,000.00
Books, Pictures and Other Art Objects; Collectibles			
Barbie Doll Collection	735 ILCS 5/12-1001(b)	1,000.00	1,000.00
Coca Cola Collection	735 ILCS 5/12-1001(b)	755.00	1,000.00
Wearing Apparel			
necessary personal clothing; bible; textbooks; pictures	735 ILCS 5/12-1001(a)	500.00	500.00
Furs and Jewelry			
necklace, bracelet, earrings, rings	735 ILCS 5/12-1001(b)	350.00	350.00
Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans			
401(k)	735 ILCS 5/12-1006	100%	1,300.00

Total: **5,800.00** **6,395.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor" ,include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)								
Total (Report on Summary of Schedules)							0.00	0.00

0 continuation sheets attached

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6F (Official Form 6F) (12/07)

In re **Denise Yvonne Anderson**

Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 409142932			2/23/08-2/24/2008				1,100.00
Advocate South Suburban Hospital 22091 Network Place Chicago, IL 60673-1220		-					
Account No. 14180532							685.00
Alliance One Receivables Mgmt 6565 Kimball Drive Suite 200 Gig Harbor, WA 98335		-					
Account No.							0.00
Allied Interstate P.O. Box 369008 Columbus, OH 43236		-					
Account No.			Allied Interstate P.O. Box 361477 Columbus, OH 43236				
Allied Interstate							
Subtotal (Total of this page)							1,785.00

34 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. WDA 4725188800			8/20/2007 quest diagnostics				24.10
American Medical Collection Agency 2269 Sawmill River Road Bldg. 3 Elmsford, NY 10523		-					
Account No. WDA 4779879234			9/20/2007				5.43
American Medical Collection Agency 2269 Sawmill River Road Bldg. 3 Elmsford, NY 10523		-					
Account No. WDA 4789279394			9/26/2007				5.43
American Medical Collection Agency 2269 Sawmill River Road Bldg. 3 Elmsford, NY 10523		-					
Account No. WDA 4817193881							5.43
American Medical Collection Agency 2269 Sawmill River Road Bldg. 3 Elmsford, NY 10523		-					
Account No. various							16.29
American Medical Collection Agency 2269 Sawmill River Road Bldg. 3 Elmsford, NY 10523		-					
Sheet no. <u>1</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							56.68
Subtotal (Total of this page)							56.68

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. MCD 3194514A03							
American Medical Collection Agency 2269 Sawmill River Road Bldg. 3 Elmsford, NY 10523		-					10.86
Account No. various - Quest Diagnostics			472518880; 4779879234; 4789279394; 4817193881				
American Medical Collection Agency 2269 Sawmill River Road Bldg. 3 Elmsford, NY 10523		-					56.68
Account No. various			4725188800; 4779879234; 4789279394; 4817193881				
American Medical Collection Agency 2269 Sawmill River Road Bldg. 3 Elmsford, NY 10523		-					62.11
Account No. various							
American Medical Collection Agency 2269 Sawmill River Road Bldg. 3 Elmsford, NY 10523		-					78.40
Account No.							
Anderson Financial Network, Inc. P.O. Box 3097 Bloomington, IL 61702		-					0.00
Sheet no. 2 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							208.05

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Armstrong Jewelers, Inc 8605 Broadway Merriville, IN 46410-7033		-					0.00
Account No.							
Armstrong Jewelers, Inc 8605 Broadway Merriville, IN 46410-7033		-			X		0.00
Account No. 19573055			Opened 7/01/03 Last Active 2/11/05 Collection Attorney A.F.S. Assignee Of C				
Arrow Financial Servic 5996 W Touhy Ave Niles, IL 60714		-					0.0
Account No.							
Arrow Financial Services 5996 W Touhy Ave Niles, IL 60714		-					266.00
Account No. 36946846			Opened 4/21/08 Collection Bally Total Fitness				
Asset Accept Po Box 2036 Warren, MI 48090		-					549.00
Sheet no. 3 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							815.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
AT & T P.O. Box 8105 Aurora, IL 60507-8105		-					0.00
Account No. 000002.60E+12							
Bally Total Fitness 12440 Imperial Hwy, Ste. 300 Norwalk, CA 90650-8309		-					473.40
Account No. ANDDE000							
Body Bliss 14406 John Humphrey Drive Orland Park, IL 60462		-					110.00
Account No.							
Brinks Home Security PO Box 152235 Irving, TX 75015		-					0.00
Account No.							
Brinks Home Security			Collection Systems, Inc. 8 S Michigan Ave Suite 6 Chicago, IL 60603				
Sheet no. 4 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							583.40

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Carson, Pirie Scott c/o Arrow Financial Services PO Box 1206 Oaks, PA 19456-1206		-				0.00
Account No.		Carson Pirie Scott - Retail Services PO Box 15521 Wilmington, DE 19850-5521				
Carson, Pirie Scott						
Account No.						
Cash Advance 2533 N. Carson Street, Ste. 4976 Carson City, NV 89706		-				0.00
Account No. 15-9792240		A, T & T				
CCA PO Box 806 Norwell, MA 02061-0806		-				126.38
Account No.		A, T & T P.O. Box 8212 Aurora, IL 60572-8212				
CCA						
Sheet no. 5 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						126.38

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Celeste Dixon		-					2,000.00
Account No.							
CFC Financial LLC PO Box 2038 Warren, MI 48090-2038		-					0.00
Account No.							
Charter One Bank DDA Recovery RJE 245 One Citizens Drive Riverside, RI 02901		-					0.00
Account No. 163033							
Check N Go 639 W. 14th St Chicago Heights, IL 60411		-					1,344.55
Account No.			National Credit Adjusters PO Box 3023 Hutchinson, KS 67504-3023				
Check N Go							
Sheet no. 6 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							3,344.55

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Check Systems of Indianapolis P.O. Box 17157 Indianapolis, IN 46217-0157		-					0.00
Account No. 4128-0031-8541-8087							
Citibank PO Box 6033 Hagerstown, MD 21747-6003		-					2,220.18
Account No.			Citibank c/o Arrow Financial Services 5996 W Touhy Ave Niles, IL 60714				
Citibank							
Account No.							
City of Chicago Dept of Revenue Bureau of Parking 121 S LaSalle St Chicago, IL 60604		-					350.00
Account No.							
Clark Oil Attn: Bankruptcy P.O. Box 659794 San Antonio, TX 78265-9794		-					0.00
Sheet no. <u>7</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							2,570.18

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 9615120		-	Opened 10/30/07 Collection Sbc				88.00
Collection 700 Longwater Driv Norwell, MA 02061							
Account No.		-					0.00
Comcast c/o Credit Protections Assoc 13355 Noel Road, Ste. 2100 Dallas, TX 75240							
Account No. 0557585092		-					789.40
ComEd C/O: System Credit Department 2100 West Drive Oak Brook, IL 60523							
Account No. 0880753033		-					600.00
ComEd C/O: System Credit Department 2100 West Drive Oak Brook, IL 60523							
Account No. 0880753033		-					1,400.00
ComEd C/O: System Credit Department 2100 West Drive Oak Brook, IL 60523							
Sheet no. <u>8</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							2,877.40
Subtotal (Total of this page)							2,877.40

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Allied Interstate Inc 3200 Northline Ave Suite 160 Greensboro, NC 27408				
ComEd							
Account No.							
ComEd c/o NCO Financial 507 Prudential Road Horsham, PA 19044		-					
							94.00
Account No. 939301			Opened 8/01/03 Last Active 3/01/03 Collection Excel Emergency				
Creditors Collection P.O. Box 63 Kankakee, IL 60901		-					
							366.00
Account No.							
Creditors Collection PO Box 63 Kankakee, IL 60901-0063		-					
							366.00
Account No. 2061940033			Opened 7/13/06 Collection Med1 01 Reproductive				
Creditors Pr 206 W State St Rockford, IL 61101		-					
							1,876.00
Sheet no. 9 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							2,702.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 2035852		-	Opened 10/02/06 Last Active 9/01/05 Collection Med1 02 Associated R				390.00
Credtrs Coll Pob 63 Kankakee, IL 60901							
Account No.		-					0.00
Cross Country c/o NCO Financial Systems, Inc. PO Box 4909, Dept 22 Trenton, NJ 08650-4909							
Account No.			Applied Bank 4700 Exchange Court Boca Raton, FL 33431-0966				
Cross Country							
Account No.			Blatt, Hasenmiller, Leibsker & Moor 125 South Wacke Drive, Ste. 400 Chicago, IL 60606				
Cross Country							
Account No.		-					0.00
Directv PO BOX 6550 Greenwood Village, CO 80155-6550							
Sheet no. <u>10</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							390.00
Subtotal (Total of this page)							390.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Directv PO Box 9001069 Louisville, KY 40290-1069		-					0.00
Account No.			Allied Interstate P.O. Box 26808 Greensboro, NC 27429-6808				
Directv							
Account No. 601100758030			Opened 1/05/95 Last Active 10/30/06 CreditCard				
Discover Fin Pob 15316 Wilmington, DE 19850		-					0.00
Account No. 601100725964			Opened 1/05/95 Last Active 11/01/06 CreditCard				
Discover Fin Pob 15316 Wilmington, DE 19850		-					0.0
Account No.							
Equifax PO Box 105873 Atlanta, GA 30348		-					0.00
Sheet no. 11 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							0.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Experian PO Box 2002 Allen, TX 75013	-					0.00
Account No. 12476866		Paragon Way				
FBCS Inc 2200 Byberry Road Suite 120 Hatboro, PA 19040-3738	-					725.00
Account No.						
Financial Credit Corp a/s/o Ballys c/o McMahan & Sigunick, Ltd 216 W. Jackson Blvd. Suite 450 Chicago, IL 60606	-					0.00
Account No.		McMahan & Sigunick, Ltd. 412 S Wells Street 6th Floor Chicago, IL 60607				
Financial Credit Corp a/s/o Ballys						
Account No.						
Fingerhut Attn: Bankruptcy P.O. Box 1250 Saint Cloud, MN 56395-1250	-					0.00
Sheet no. 12 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						725.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
First Cash Advance #521 1205 E Sibley Blvd. Dolton, IL 60419		-					0.00
Account No.			First Cash Advance 4714 West Lincoln Hwy Matteson, IL 60443				
First Cash Advance #521							
Account No.							
First Cash Advance #521 1205 E Sibley Blvd. Dolton, IL 60419		-					0.00
Account No.							
GMAC PO Box 78369 Phoenix, AZ 85062		-					0.00
Account No.							
GMAC PO Box 78369 Phoenix, AZ 85062		-					0.00
Sheet no. 13 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							0.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 95725640			Opened 3/29/05 Last Active 6/13/05 HouseholdGoods				942.00
Grt Amer Fin 205 West Wacker Dr Chicago, IL 60606	-						
Account No.							0.00
Guaranty Bank-Checking Corporate Office P.O. Box 240200 Milwaukee, WI 53223	-						
Account No.			Guaranty Bank 4000 West Brown Deer Road Brown Deer, WI 53209				
Guaranty Bank-Checking							
Account No.			Portfolio Recovery Associates 140 Corporate Blvd. Attention: Bankruptcy Norfolk, VA 23502				
Guaranty Bank-Checking							
Account No.							0.00
Harlem Furniture c/o WFFNB PO Box 2942 Mission, KS 66201	-						
Sheet no. 14 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							942.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No.								
Homewood Flossmoor School 1804 Willow Road Homewood, IL 60430		-					0.00	
Account No.			Transworld Systems Inc. 25 Northwest Point Blvd. #750 Elk Grove Village, IL 60007					
Homewood Flossmoor School								
Account No.								
HSBC Card Services PO Box 80084 Salinas, CA 93912-0084		-					0.00	
Account No. 4234203673			Opened 12/29/03 Last Active 2/24/06 Collection 10 Nu Way Tinley Par					
I C System Po Box 64378 Saint Paul, MN 55164		-					0.00	
Account No.								
Illinois Department of Revenue Bankruptcy Unit 100 W. Randolph St. Level 7-400 Chicago, IL 60601		-					101.15	
Sheet no. 15 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	101.15

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
Illinois Department of Revenue			Illinois Department of Revenue c/o Harvard Collection Services 4839 North Elston Avenue Chicago, IL 60630-2534				
Account No.							
JC Penney P.O. Box 981403 El Paso, TX 79998		-					0.00
Account No.							
JC Penney			Asset Acceptance LLC P.O. Box 2036 Warren, MI 48090-2036				
Account No. JVDB11669							
Jvdb Asc P O Box 5718 Elgin, IL 60121		-	Opened 12/01/05 Collection 05 Great American Fi				942.00
Account No.							
Kmart Corporation/Super KMart Credit Services PO Box 6283 Sioux Falls, SD 57117		-					0.00
Sheet no. <u>16</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 942.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Kohl's Department Store P.O. Box 2983 Milwaukee, WI 53201		-					0.00
Account No. 3994							
Linderhurst Anesthesia Suite 300 8420 W Bryn Mawr Ave Chicago, IL 60631		-					100.00
Account No. 17316115							
Linebarger Goggan Blair & Sampson P.O. Box 06152 Chicago, IL 60606-0152		-					360.00
Account No. 371690							
M3 Financial Services, Inc. PO Box 7230 Westchester, IL 60154		-	various University of Chicago Hospitals Univerisyt of Chicago Physicians Group				16,825.52
Account No.							
Martin Dixon		-					12,000.00
Sheet no. 17 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							29,285.52

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Merchants Credit Guide 223 W Jackson Blvd., Chicago, IL 60606		-					0.00
Account No.			Merchants Credit Guide Dept 7505 PO Box 1259 Oaks, PA 19456				
Merchants Credit Guide							
Account No. 08-073444807							
Merchants Credit Guide Dept 7505 PO Box 1259 Oaks, PA 19456		-					19.50
Account No.							
Merchants Credit Guide Co. 223 West Jackson Blvd. Chicago, IL 60606		-					0.00
Account No.							
Michael Vahl, M.D.		-					0.00
Sheet no. 18 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							19.50

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
MidAmerica Cardiovascular Group	-						2.84
Account No.							
Midland Credit Mgmt Inc 8875 Aero Dr. Ste 2 San Diego, CA 92123	-						0.00
Account No. 09637							
Midtown Dental 174 West Sauk Trail S. Chicago Heights, IL 60411	-						73.50
Account No. 09628							
Midtown Dental 174 West Sauk Trail S. Chicago Heights, IL 60411	-						36.60
Account No. 09637							
Midtown Dental 174 West Sauk Trail S Chicago Heights, IL 60411	-						131.30
Sheet no. 19 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							244.24

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 09638							
Midtown Dental 174 West Sauk Trail S. Chicago Heights, IL 60411	-						31.00
Account No. 8030			4/1/08				
Mobile Anesthesiologists LLC Suite 300 8420 W Bryn Mawr Ave Chicago, IL 60631	-						86.40
Account No.			Opened 12/01/04				
National Credit Adjust 327 W 4th Ave Hutchinson, KS 67501	-						1,344.00
Account No. 644669			Check N Go				
National Credit Adjusters PO Box 3023 Hutchinson, KS 67504-3023	-						1,344.55
Account No. 163033			Opened 12/13/04 Collection 01 Check N Go				
Nca P.O. Box 550 Hutchinson, KS 67504	-						1,344.00
Sheet no. 20 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							4,149.95

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 8U6E0U		-	Nicor				68.62
NCO Financial Systems, Inc. 507 Prudential Road Horsham, PA 19044							
Account No. 35447849		-	Opened 1/23/07 Last Active 9/01/05 Collection Med1 02 Fischer Mang				848.00
Nco- Medclr Pob 41448 Philadelphia, PA 19101							
Account No.		-					0.00
New Lenox School 102 S Cedar Road New Lenox, IL 60451							
Account No. 585637338693		-	Opened 12/21/05 Last Active 6/01/06 ChargeAccount				267.00
Newport News Po Box 659705 Columbus, OH 43218							
Account No. 40-14-13-2086 7		-					700.00
Nicor P.O. Box 416 Aurora, IL 60568							
Sheet no. <u>21</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							1,883.62
Subtotal (Total of this page)							

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 921906		-	Opened 4/19/99 Last Active 7/10/02 Other Utility Company				1,277.00
Nicor Gas 1844 Ferry Road Naperville, IL 60563							
Account No. 4014132086-7		-	Opened 11/04/06 Last Active 10/02/07 Other Utility Company				622.56
Nicor Gas 1844 Ferry Road Naperville, IL 60563							
Account No. 821906		-	Opened 1/26/96 Last Active 2/11/08 Other Utility Company				69.00
Nicor Gas 1844 Ferry Road Naperville, IL 60563							
Account No.			NCO Financial Systems, Inc. PO Box 15630 Dept 99 Wilmington, DE 19850				
Nicor Gas							
Account No. 401413		-	Opened 10/27/06 Last Active 10/02/07 Other Utility Company				0.00
Nicor Gas 1844 Ferry Road Naperville, IL 60563							
Sheet no. <u>22</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							1,968.56
Subtotal (Total of this page)							

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. 40276209701		-	Opened 8/01/01 Last Active 7/01/02 Other Utility Company				0.00	
Nicor Gas 1844 Ferry Road Naperville, IL 60563								
Account No. various		-					0.00	
Oak Law Radiology Imaging Consultan c/o Trustmark Recovery Services 541 Otis Bowen Drive Munster, IN 46321								
Account No. 409142932		-					17.27	
Oaklawn Radiology Imaging Consultan 37241 Eagle Way Chicago, IL 60678-1372								
Account No.		-					3.52	
Oaklawn Radiology Imaging Consultan 37241 Eagle Way Chicago, IL 60678-1372								
Account No. 5052962		-					725.00	
Paragon Way, Inc. PO Box 160758 Austin, TX 78716-0758								
Sheet no. 23 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	745.79

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 68210442 Portfolio Rc 287 Independence Virginia Beach, VA 23462	-		Opened 9/27/07 Last Active 1/01/04 Collection Guaranty Bank				561.00
Account No. 2957724 Profess Acct 633 W Wisconsin Av Milwaukee, WI 53203	-		Opened 9/03/02 Last Active 3/04/05 Collection Tcf Bank				0.00
Account No. 5147176513 Quest Diagnostics 1355 Mittel Boulevard Attention: Patient Billing Wood Dale, IL 60191-1024	-						2.92
Account No. 4823773020 Quest Diagnostics 1355 Mittel Boulevard Attention: Patient Billing Wood Dale, IL 60191-1024	-						2.92
Account No. 4945103845 Quest Diagnostics 1355 Mittel Boulevard Attention: Patient Billing Wood Dale, IL 60191-1024	-						2.92
Sheet no. 24 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							569.76

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 5088735832							
Quest Diagnostics 1355 Mittel Boulevard Attention: Patient Billing Wood Dale, IL 60191-1024		-					5.43
Account No. 4905881240							
Quest Diagnostics 1355 Mittel Boulevard Attention: Patient Billing Wood Dale, IL 60191-1024		-					5.43
Account No. 4725188800							
Quest Diagnostics 1355 Mittel Boulevard Attention: Patient Billing Wood Dale, IL 60191-1024		-					24.10
Account No. 5117270812			3/30/08				
Quest Diagnostics 1355 Mittel Boulevard Attention: Patient Billing Wood Dale, IL 60191-1024		-					5.43
Account No. 5155558006							
Quest Diagnostics 1355 Mittel Boulevard Attention: Patient Billing Wood Dale, IL 60191-1024		-					2.92
Sheet no. 25 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							43.31

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 4915545015			12/10/2007				5.43
Quest Diagnostics 1355 Mittel Boulevard Attention: Patient Billing Wood Dale, IL 60191-1024	-						
Account No. 4886734291			11/21/2007				5.43
Quest Diagnostics 1355 Mittel Boulevard Attention: Patient Billing Wood Dale, IL 60191-1024	-						
Account No. 4817193881			9/30/2007				5.43
Quest Diagnostics 1355 Mittel Boulevard Attention: Patient Billing Wood Dale, IL 60191-1024	-						
Account No. 5104241244			3/28/08				5.43
Quest Diagnostics 1355 Mittel Boulevard Attention: Patient Billing Wood Dale, IL 60191-1024	-						
Account No. 5104241126			3/26/2008				5.43
Quest Diagnostics 1355 Mittel Boulevard Attention: Patient Billing Wood Dale, IL 60191-1024	-						
Sheet no. 26 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							27.15
Subtotal (Total of this page)							27.15

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. inv 5117270812							
Quest Diagnostics 1355 Mittel Boulevard Attention: Patient Billing Wood Dale, IL 60191-1024		-					5.43
Account No. inv 5138693182							
Quest Diagnostics 1355 Mittel Boulevard Attention: Patient Billing Wood Dale, IL 60191-1024		-					2.92
Account No. 5443746645							
Quest Diagnostics 1355 Mittel Boulevard Attention: Patient Billing Wood Dale, IL 60191-1024		-					8.17
Account No.							
Retailers National Bank c/o Meyer & Njus, PA 111 N. State St., 11th fl., Ste. 93 Chicago, IL 60602		-				X	1,000.00
Account No. 0038498834			Fingerhut				
RJM Acquisitions Funding LLC PO Box 18013 Hauppauge, NY 11788-8813		-					0.00
Sheet no. 27 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							1,016.52

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Fingerhut Attn: Bankruptcy P.O. Box 1250 Saint Cloud, MN 56395-1250				
RJM Acquisitions Funding LLC							
Account No.							0.00
Silver Cross Hospital c/o Livermore Billing Center 7535 Southfront Road Bldg B Livermore, CA 94550		-					
Account No.			Silver Cross Hospital 1200 Maple Road Attn: Patient Accts Joliet, IL 60432				
Silver Cross Hospital							
Account No. 0507115110-FOF			7/11/2007				986.00
Sisters of St. Francis Health Svs PO Box 7229 Westchester, IL 60154		-					
Account No. 409142932							1,100.00
South Suburban Hospital 17800 Kedzie Avenue Attention: Patient Accounts Hazel Crest, IL 60429		-					
Sheet no. <u>28</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							2,086.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No.			Co\Debt Collections Systems 8 S Michigan Avenue Suite 618 Chicago, IL 60603					
South Suburban Hospital								
Account No.		-					0.00	
Sprint Po Box 768 Bothell, WA 98041-0768								
Account No.		-					0.00	
TCF Bank attn: Bankruptcy Dept PO Box 1501 Minneapolis, MN 55480-1501								
Account No.		-					0.00	
Telecheck Services, Inc. P.O. Box 17120 Denver, CO 80217-0120								
Account No.		-					35.00	
The University of Chicago Physician 75 Remittance Drive Suite 1385 Chicago, IL 60675-1385								
Sheet no. <u>29</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	35.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No.			The University of Chicago Physician 75 Remittance Drive Suite 1385 Chicago, IL 60675-1385					
The University of Chicago Physician								
Account No.							2,295.00	
The University of Chicago Physician 75 Remittance Drive Suite 1385 Chicago, IL 60675-1385	-							
Account No.							7,802.36	
The University of Chicago Physician 75 Remittance Drive Suite 1385 Chicago, IL 60675-1385	-							
Account No.							36.45	
The University of Chicago Physician 75 Remittance Drive Suite 1385 Chicago, IL 60675-1385	-							
Account No.							34.58	
The University of Chicago Physician 75 Remittance Drive Suite 1385 Chicago, IL 60675-1385	-							
Sheet no. <u>30</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	10,168.39

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 3-855531		4/4/2008				
The University of Chicago Physician 75 Remittance Drive Suite 1385 Chicago, IL 60675-1385	-					6,624.00
Account No.						
Trans Union Consumer Solutions PO Box 2000 Chester, PA 19022-2000	-					0.00
Account No. 72507-0020872588		Homewood Flossmoor High School				
Transworld Systems PO Box 1864 Santa Rosa, CA 95402	-					0.00
Account No. 082190258		Oaklawn Radiology				
Trustmark Recovery Services 541 Otis Brown Drive Munster, IN 46321	-					25.14
Account No. 409142932		Oak Law Radiology Imaging Consultants				
Trustmark Recovery Services 541 Otis Bowen Drive Munster, IN 46321	-					13.75
Sheet no. 31 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						6,662.89

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 3-855531							
University of Chgo Physicians Grp 75 Remittance Drive, Suite 1385 Chicago, IL 60675-1385		-					15,754.16
Account No.			University of Chgo Physicians Grp PO Box 75307 Chicago, IL 60675				
University of Chgo Physicians Grp							
Account No. 3-6551847							
University of Chgo Physicians Grp 75 Remittance Drive, Suite 1385 Chicago, IL 60675-1385		-					36.45
Account No. 3-6551848							
University of Chgo Physicians Grp 75 Remittance Drive, Suite 1385 Chicago, IL 60675-1385		-					36.45
Account No. 3-6567097							
University of Chgo Physicians Grp 75 Remittance Drive, Suite 1385 Chicago, IL 60675-1385		-					8,949.36
Sheet no. 32 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							24,776.42

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No. 3-855531							
University of Chicago Physicians 75 Remittance Drive, Suite 1385 Chicago, IL 60675-1385	-						69.16
Account No. 224595							
Village of New Lenox c/o Arnold Scott Harris, P.C. 600 West Jackson Blvd., Suite 720 Chicago, IL 60661	-						457.00
Account No.							
Village of Riverdale % MCSI P.O. Box 666 Lansing, IL 60438	-					X	350.00
Account No. 152776							
Vision Financial Services PO Box 1768 La Porte, IN 46352	-						3,191.00
Account No.							
WFNNB Bankruptcy Dept/Lerners PO Box 182125 Columbus, OH 43218-2125	-						0.00
Sheet no. 33 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							4,067.16

B6F (Official Form 6F) (12/07) - Cont.

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
WFNNB/New York & Co. Bankruptcy Dept. PO Box 182125 Columbus, OH 43218-2125		-				0.00
Account No.						
Account No.						
Account No.						
Account No.						
Sheet no. 34 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	Subtotal (Total of this page)					0.00
Total (Report on Summary of Schedules)						105,918.57

B6G (Official Form 6G) (12/07)

In re Denise Yvonne Anderson, Case No. _____
Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
--	--

In re **Denise Yvonne Anderson**

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors

In re **Denise Yvonne Anderson**

Case No. _____

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Single	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
	Daughter Son Son	14 16 18
Employment:	DEBTOR	SPOUSE
Occupation	LPN	
Name of Employer	Alden - Orland Park	
How long employed	3.5 years	
Address of Employer	Orland Park, IL	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ 2,818.42	\$ N/A
\$ 0.00	\$ N/A

3. SUBTOTAL

\$ 2,818.42	\$ N/A
--------------------	---------------

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
b. Insurance
c. Union dues
d. Other (Specify): _____

\$ 281.84	\$ N/A
\$ 598.07	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 879.91	\$ N/A
------------------	---------------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 1,938.51	\$ N/A
--------------------	---------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)
8. Income from real property
9. Interest and dividends
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above
11. Social security or government assistance (Specify): _____

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

12. Pension or retirement income
13. Other monthly income (Specify): _____

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0.00	\$ N/A
----------------	---------------

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 1,938.51	\$ N/A
--------------------	---------------

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 1,938.51	
--------------------	--

(Report also on Summary of Schedules and, if applicable, on
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

Case No.

- | | | | |
|----|---|----|-----------------|
| a. | Average monthly income from Line 15 of Schedule I | \$ | <u>1,938.51</u> |
| b. | Average monthly expenses from Line 18 above | \$ | <u>1,940.00</u> |
| c. | Monthly net income (a. minus b.) | \$ | <u>-1.49</u> |

United States Bankruptcy Court
Northern District of Illinois

In re **Denise Yvonne Anderson**
Debtor(s)

Case No. _____
Chapter **7**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of
48 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **November 12, 2008**

Signature **/s/ Denise Yvonne Anderson**
Denise Yvonne Anderson
Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Northern District of Illinois

In re **Denise Yvonne Anderson**

Debtor(s)

Case No.

Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$28,227.67	2008 - ytd Alden - Orland Park
\$37,774.23	2007 -
\$30,269.00	2006 -

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CREDITOR

DATES OF
PAYMENTS

AMOUNT PAID

AMOUNT STILL
OWING

None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS/
TRANSFERS

AMOUNT
PAID OR
VALUE OF
TRANSFERS

AMOUNT STILL
OWING

None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND
RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL
OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR AGENCY
AND LOCATION

STATUS OR
DISPOSITION

**Financial Credit v. Denise Y
Anderson
2002 M1 176493**

collections

**Circuit Court of Cook County,
Illinois judgment entered**

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE
BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF
PROPERTY

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
--	--	-----------------------------------

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------	--------------------	-----------------------------------

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
-------------------------------	--	---------------	-----------------------------------

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	--------------------------------	--------------	-------------------------------

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------	--	--------------

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Lorraine Greenberg & Associates LLC 20 E Jackson Blvd. Suite 800 Chicago, IL 60604	10/08	\$299 for court costs; \$1,200 for attorneys fees

10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	---

- None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
----------------------------------	---------------------------	---

11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	---------------------------------------

12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
---	---	----------------------------	--

13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------	------------------

14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------------------	--------------------------------------	----------------------

15. Prior address of debtor

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
1629 Briarcrest Lane New Lenox, IL 60451		2004 - 2006
163 West Raye Drive Chicago, IL		2006 - 6/2008

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

18 . Nature, location and name of business

None

■ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
NAME				

None

■ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **November 12, 2008**

Signature **/s/ Denise Yvonne Anderson**
Denise Yvonne Anderson
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Form 8
(10/05)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Denise Yvonne Anderson**
Debtor(s)

Case No. _____
Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☐ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- ☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- ☐ I intend to do the following with respect to property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
-NONE-					

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
-NONE-		

Date **November 12, 2008**

Signature **/s/ Denise Yvonne Anderson**
Denise Yvonne Anderson
Debtor

United States Bankruptcy Court
Northern District of Illinois

In re Denise Yvonne Anderson

Debtor(s)

Case No.

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>1,200.00</u>
Prior to the filing of this statement I have received.....	\$	<u>1,200.00</u>
Balance Due.....	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

preparing documents for filing bankruptcy petition and schedules; ordering tax transcripts, credit reports when necessary, background check, possibly verification of assets, and possibly verification of valuations of assets, review of income to determine CMI and DMI, reviewing documents with client, attending meeting of creditors, advising client regarding reaffirmation agreements, redemption, notifying creditors of bankruptcy filing; motions to avoid liens in personal property

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

representation in any adversary proceeding unless specifically contracted for and additional fees are paid; and unless otherwise provided for in the Court's Model Retention Agreement mandated to be used in Chapter 13 cases, the following professional legal services are not included unless specifically contracted for and additional fees are paid: 1) the preparation of and presentation of motion for redemption; 2) and the preparation of and presentation of motions to avoid judicial lien; 2) and the preparation of and presentation of motions to avoid lien in personal property.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: November 12, 2008

/s/ Lorraine M. Greenberg ARDC No.:

Lorraine M. Greenberg ARDC No.: 03129023

Lorraine M. Greenberg, P.C.

20 E. Jackson Blvd.

Suite 800

Chicago, IL 60604

312-408-0007 Fax: 312-264-5620

lgreenberg@greenbergglaw.net

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Lorraine M. Greenberg ARDC No.: 03129023

Printed Name of Attorney

Address:

20 E. Jackson Blvd.

Suite 800

Chicago, IL 60604

312-408-0007

lgreenberg@greenbergglaw.net

X /s/ Lorraine M. Greenberg ARDC

No.:

November 12, 2008

Signature of Attorney

Date

Certificate of Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Denise Yvonne Anderson

Printed Name(s) of Debtor(s)

X /s/ Denise Yvonne Anderson

Signature of Debtor

November 12, 2008

Date

Case No. (if known) _____

X _____

Signature of Joint Debtor (if any)

Date

**United States Bankruptcy Court
Northern District of Illinois**

In re **Denise Yvonne Anderson**

Debtor(s)

Case No. _____

Chapter **7**

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **122**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **November 12, 2008**

/s/ Denise Yvonne Anderson

Denise Yvonne Anderson

Signature of Debtor

A, T & T
P.O. Box 8212
Aurora, IL 60572-8212

Advocate South Suburban Hospital
22091 Network Place
Chicago, IL 60673-1220

Alliance One Receivables Mgmt
6565 Kimball Drive
Suite 200
Gig Harbor, WA 98335

Allied Interstate
P.O. Box 369008
Columbus, OH 43236

Allied Interstate
P.O. Box 361477
Columbus, OH 43236

Allied Interstate
P.O. Box 26808
Greensboro, NC 27429-6808

Allied Interstate Inc
3200 Northline Ave
Suite 160
Greensboro, NC 27408

American Medical Collection Agency
2269 Sawmill River Road
Bldg. 3
Elmsford, NY 10523

Anderson Financial Network, Inc.
P.O. Box 3097
Bloomington, IL 61702

Applied Bank
4700 Exchange Court
Boca Raton, FL 33431-0966

Armstrong Jewelers, Inc
8605 Broadway
Merriville, IN 46410-7033

Arrow Financial Servic
5996 W Touhy Ave
Niles, IL 60714

Arrow Financial Services
5996 W Touhy Ave
Niles, IL 60714

Asset Accept
Po Box 2036
Warren, MI 48090

Asset Acceptance LLC
P.O. Box 2036
Warren, MI 48090-2036

AT & T
P.O. Box 8105
Aurora, IL 60507-8105

Bally Total Fitness
12440 Imperial Hwy, Ste. 300
Norwalk, CA 90650-8309

Blatt, Hasenmiller, Leibsker & Moor
125 South Wacke Drive, Ste. 400
Chicago, IL 60606

Body Bliss
14406 John Humphrey Drive
Orland Park, IL 60462

Brinks Home Security
PO Box 152235
Irving, TX 75015

Carson Pirie Scott -
Retail Services
PO Box 15521
Wilmington, DE 19850-5521

Carson, Pirie Scott
c/o Arrow Financial Services
PO Box 1206
Oaks, PA 19456-1206

Cash Advance
2533 N. Carson Street, Ste. 4976
Carson City, NV 89706

CCA
PO Box 806
Norwell, MA 02061-0806

Celeste Dixon

CFC Financial LLC
PO Box 2038
Warren, MI 48090-2038

Charter One Bank
DDA Recovery RJE 245
One Citizens Drive
Riverside, RI 02901

Check N Go
639 W. 14th St
Chicago Heights, IL 60411

Check Systems of Indianapolis
P.O. Box 17157
Indianapolis, IN 46217-0157

Citibank
PO Box 6033
Hagerstown, MD 21747-6003

Citibank
c/o Arrow Financial Services
5996 W Touhy Ave
Niles, IL 60714

City of Chicago Dept of Revenue
Bureau of Parking
121 S LaSalle St
Chicago, IL 60604

Clark Oil
Attn: Bankruptcy
P.O. Box 659794
San Antonio, TX 78265-9794

Col\Debt Collections Systems
8 S Michigan Avenue
Suite 618
Chicago, IL 60603

Collection
700 Longwater Driv
Norwell, MA 02061

Collection Systems, Inc.
8 S Michigan Ave
Suite 6
Chicago, IL 60603

Comcast
c/o Credit Protections Assoc
13355 Noel Road, Ste. 2100
Dallas, TX 75240

ComEd
C/O: System Credit Department
2100 West Drive
Oak Brook, IL 60523

ComEd
c/o NCO Financial
507 Prudential Road
Horsham, PA 19044

Creditors Collection
P.O. Box 63
Kankakee, IL 60901

Creditors Collection
PO Box 63
Kankakee, IL 60901-0063

Creditors Pr
206 W State St
Rockford, IL 61101

Credtrs Coll
Pob 63
Kankakee, IL 60901

Cross Country
c/o NCO Financial Systems, Inc.
PO Box 4909, Dept 22
Trenton, NJ 08650-4909

Directv
PO BOX 6550
Greenwood Village, CO 80155-6550

Directv
PO Box 9001069
Louisville, KY 40290-1069

Discover Fin
Pob 15316
Wilmington, DE 19850

Equifax
PO Box 105873
Atlanta, GA 30348

Experian
PO Box 2002
Allen, TX 75013

FBCS Inc
2200 Byberry Road
Suite 120
Hatboro, PA 19040-3738

Financial Credit Corp a/s/o Ballys
c/o McMahan & Sigunick, Ltd
216 W. Jackson Blvd. Suite 450
Chicago, IL 60606

Fingerhut
Attn: Bankruptcy
P.O. Box 1250
Saint Cloud, MN 56395-1250

First Cash Advance
4714 West Lincoln Hwy
Matteson, IL 60443

First Cash Advance #521
1205 E Sibley Blvd.
Dolton, IL 60419

GMAC
PO Box 78369
Phoenix, AZ 85062

Grt Amer Fin
205 West Wacker Dr
Chicago, IL 60606

Guaranty Bank
4000 West Brown Deer Road
Brown Deer, WI 53209

Guaranty Bank-Checking
Corporate Office
P.O. Box 240200
Milwaukee, WI 53223

Harlem Furniture
c/o WFFNB
PO Box 2942
Mission, KS 66201

Homewood Flossmoor School
1804 Willow Road
Homewood, IL 60430

HSBC Card Services
PO Box 80084
Salinas, CA 93912-0084

I C System
Po Box 64378
Saint Paul, MN 55164

Illinois Department of Revenue
Bankruptcy Unit
100 W. Randolph St. Level 7-400
Chicago, IL 60601

Illinois Department of Revenue
c/o Harvard Collection Services
4839 North Elston Avenue
Chicago, IL 60630-2534

JC Penney
P.O. Box 981403
El Paso, TX 79998

Jvdb Asc
P O Box 5718
Elgin, IL 60121

Kmart Corporation/Super KMart
Credit Services
PO Box 6283
Sioux Falls, SD 57117

Kohl's Department Store
P.O. Box 2983
Milwaukee, WI 53201

Linderhurst Anesthesia
Suite 300
8420 W Bryn Mawr Ave
Chicago, IL 60631

Linebarger Goggan Blair & Sampson
P.O. Box 06152
Chicago, IL 60606-0152

M3 Financial Services, Inc.
PO Box 7230
Westchester, IL 60154

Martin Dixon

McMahan & Sigunick, Ltd.
412 S Wells Street
6th Floor
Chicago, IL 60607

Merchants Credit Guide
223 W Jackson Blvd.,
Chicago, IL 60606

Merchants Credit Guide
Dept 7505
PO Box 1259
Oaks, PA 19456

Merchants Credit Guide Co.
223 West Jackson Blvd.
Chicago, IL 60606

Michael Vahl, M.D.

MidAmerica Cardiovascular Group

Midland Credit Mgmt Inc
8875 Aero Dr. Ste 2
San Diego, CA 92123

Midtown Dental
174 West Sauk Trail
S. Chicago Heights, IL 60411

Midtown Dental
174 West Sauk Trail
S Chicago Heights, IL 60411

Mobile Anesthesiologists LLC
Suite 300
8420 W Bryn Mawr Ave
Chicago, IL 60631

National Credit Adjust
327 W 4th Ave
Hutchinson, KS 67501

National Credit Adjusters
PO Box 3023
Hutchinson, KS 67504-3023

Nca
P.O. Box 550
Hutchinson, KS 67504

NCO Financial Systems, Inc.
507 Prudential Road
Horsham, PA 19044

NCO Financial Systems, Inc.
PO Box 15630
Dept 99
Wilmington, DE 19850

Nco- Medclr
Pob 41448
Philadelphia, PA 19101

New Lenox School
102 S Cedar Road
New Lenox, IL 60451

Newport News
Po Box 659705
Columbus, OH 43218

Nicor
P.O. Box 416
Aurora, IL 60568

Nicor Gas
1844 Ferry Road
Naperville, IL 60563

Oak Law Radiology Imaging Consultan
c/o Trustmark Recovery Services
541 Otis Bowen Drive
Munster, IN 46321

Oaklawn Radiology Imaging Consultan
37241 Eagle Way
Chicago, IL 60678-1372

Paragon Way, Inc.
PO Box 160758
Austin, TX 78716-0758

Portfolio Rc
287 Independence
Virginia Beach, VA 23462

Portfolio Recovery Associates
140 Corporate Blvd.
Attention: Bankruptcy
Norfolk, VA 23502

Profess Acct
633 W Wisconsin Av
Milwaukee, WI 53203

Quest Diagnostics
1355 Mittel Boulevard
Attention: Patient Billing
Wood Dale, IL 60191-1024

Retailers National Bank
c/o Meyer & Njus, PA
111 N. State St., 11th fl., Ste. 93
Chicago, IL 60602

RJM Acquisitions Funding LLC
PO Box 18013
Hauppauge, NY 11788-8813

Silver Cross Hospital
c/o Livermore Billing Center
7535 Southfront Road Bldg B
Livermore, CA 94550

Silver Cross Hospital
1200 Maple Road
Attn: Patient Accts
Joliet, IL 60432

Sisters of St. Francis Health Svs
PO Box 7229
Westchester, IL 60154

South Suburban Hospital
17800 Kedzie Avenue
Attention: Patient Accounts
Hazel Crest, IL 60429

Sprint
Po Box 768
Bothell, WA 98041-0768

TCF Bank
attn: Bankruptcy Dept
PO Box 1501
Minneapolis, MN 55480-1501

Telecheck Services, Inc.
P.O. Box 17120
Denver, CO 80217-0120

The University of Chicago Physician
75 Remittance Drive
Suite 1385
Chicago, IL 60675-1385

Trans Union Consumer Solutions
PO Box 2000
Chester, PA 19022-2000

Transworld Systems
PO Box 1864
Santa Rosa, CA 95402

Transworld Systems Inc.
25 Northwest Point Blvd. #750
Elk Grove Village, IL 60007

Trustmark Recovery Services
541 Otis Brown Drive
Munster, IN 46321

Trustmark Recovery Services
541 Otis Bowen Drive
Munster, IN 46321

University of Chgo Physicians Grp
75 Remittance Drive, Suite 1385
Chicago, IL 60675-1385

University of Chgo Physicians Grp
PO Box 75307
Chicago, IL 60675

University of Chicago Physicians
75 Remittance Drive, Suite 1385
Chicago, IL 60675-1385

Village of New Lenox
c/o Arnold Scott Harris, P.C.
600 West Jackson Blvd., Suite 720
Chicago, IL 60661

Village of Riverdale
% MCSI
P.O. Box 666
Lansing, IL 60438

Vision Financial Services
PO Box 1768
La Porte, IN 46352

WFNNB Bankruptcy Dept/Lerners
PO Box 182125
Columbus, OH 43218-2125

WFNNB/New York & Co.
Bankruptcy Dept.
PO Box 182125
Columbus, OH 43218-2125